SAN FRANCISCO COUNTY MEDICAL SOCIETY PROCEEDINGS.

During the month of November the following meetings of the San Francisco County Medical Society were held:

Section on Medicine, Tuesday, November 1.

1—Presentation of Medical Cases, Wm. Fitch Cheney. Discussed by Drs. Evans and Cheney.

2—Demonstration of Patients, H. D'Arcy Power, Louis D. Mead. Discussed by Dr. H. C. McClenahan.

3—Clinical Reports, J. Wilson Shiels. Discussed by Drs. Cheney, Alvarez, Shiels.

4—Demonstration of Specimens, René Bine.

General Meeting, Tuesday, November 8.

1—Metastases of Carcinoma in the Ovaries and Pouch of Douglas, Julius Rosenstirn. Discussed by Drs. Lartigau and Rosenstirn.

2—The Etiological Significance of Peristent Effective States in Neurasthenia, G. V. Hamilton, Montecito. Discussed by Drs. McClenahan, Brown, Horn, Arnold, Quinan, Porter, Hamilton.

3—Demonstration of Tropical Protozoa (trypanosoma, spirilla and spirochetes), Dudley Tait.

New members: L. X. Ryan, J. S. Hanlon.

Section on Surgery, Tuesday, November 15.

1—Operative Treatment of Prolapse of the Uterus in Elderly Women. Lantern slide demonstration, Geo. B. Somers. Discussed by Drs. Wakefield, Hoffman, Somers.

2—Operative Treatment of Suppurative Adnexal Disease, A. J. Lartigau. Discussed by Drs. Barbat, von Hoffman, Rosenstirn, Tait, Lartigau.

Eye, Ear, Nose and Throat Section, Tuesday, November 22.

1—Demonstration of a Case, Kaspar Pischel. Discussed by Dr. Frederick.

2—Presentation of a Case, Cullen F. Welty.

3—The Etiology and Prophylaxis of Speech Defects, Henry Horn.

On the 17th of November the first annual dinner of the Society was held at Blanco's, the entire lower floor having been reserved for the occasion. There were about 120 members present and the spirit of good fellowship was the prominent note of the evening. Informal addresses were made by the President and various committee chairmen.

Acting upon the suggestions of various members, more prominently Dr. Melville Silverberg, the Society will hold these dinners or as substitutes luncheons or smokers at frequent intervals in the near future.

OFFICERS ELECTED FOR 1911.

President—Wm. Ophuls.
Vice-president—H. B. A. Kugeler.
Second vice-president—Jule B. Frankenheimer.
Secretary—René Bine.
Librarian—Dudley Tait.

Directors—Harry E. Alderson, René Bine, Adelaide Brown, George E. Ebright, Jule B. Frankenheimer, Henry Walter Gibbons, Philip Mills Jones, Wm. Watt Kerr, H. B. A. Kugeler, C. G. Kenyon, August J. Lartigau, Milton B. Lennon, Howard Morrow, Herbert C. Moffitt, Thomas D. Maher, Arthur A. O'Neill, Wm. Ophuls, H. D'Arcy Power, Emile Schmoll, John C. Spencer, Dudley Tait.

NOTICE.

The following case reports and cases received by the Secretary are herewith published.

November 1, 1910.

Presentation of a Case of Visceral Lues.

By WILLIAM FITCH CHENEY, M. D., San Francisco.

In this case there were a clinical history and physical signs in the left pleural cavity indicating the presence of fluid and upon aspiration 70 oz. were withdrawn. So far the case was perfectly clear and easy. Ordinarily we think first in such a case of tuberculosis of the pleura, but upon further investigation we found nothing to warrant such a diagnosis. The man has continually run a little temperature all the time he has been in the hospital; but we recognized that this might be due to other causes than tuberculosis. Subcutaneous injection of tuberculin was once used in an apyretic interval, but there was no reaction; and we never felt justified in giving the tuberculin again as there was almost daily a rise of temperature above 100°. However, he was given 1 milligram of Koch's tuberculin with a negative result as regards reaction. In the sputum we were never able to find tubercle bacilli. Another point against tuberculosis is that in looking over the fluid withdrawn from the chest it never showed tubercle bacilli either in cover slips or cultures. In the course of the examination of cover slips from the fluid there were found, however, a number of diplococci resembling pneumococci and we thought we might have a pneumococcus pleurisy, which is common enough; but cultures made from the fluid failed to show pneumococcus present. Consequently we were unable to diagnose the case as one of pneumococcus pleurisy. Furthermore, in Dr. Oliver's laboratory, the cultures made from the fluid showed bacilli resembling in morphology and cultural characteristics the typhoid bacilli; still that was considered uncertain since the blood twice failed to show Widal reaction, and it was especially doubtful as the patient had none of the clinical signs of having ever had, or having now, a typhoid infection. The next consideration was whether the infection were not a syphilitic one. This was a difficult point to decide because while he had a positive Wasserman reaction, the mere presence of the Wasserman does not show that the infection is active in the pleura. However, we put the man upon syphilitic treatment and he steadily improved and the fluid has practically disappeared under this plan of treatment. I present him merely as one of the problems we meet with in clinical diagnosis. To render the diagnosis more positive by inoculation of a guinea pig we attempted to-day to remove fluid, but unfortunately for diagnostic purposes, there is none left in the chest. The patient is still under syphilitic treatment.

Examination of patient.

I will now present this other patient, who has absolutely no syphilitic history. This man came to the hospital complaining of stomach trouble; the history was that for a year previous to coming to the hospital he had had at intervals trouble with his stomach. This trouble had varied in character; a year or so ago there was vomiting of food, also cramps. For the last two months before coming for treatment he had had a poor appetite, a great deal of distress immediately after eating but no longer vomited food. The pain is dull in character, not sharp and violent, belches fluid occasionally during the process of digestion; he has lost twenty

pounds in two months, coincident with this disturbance of digestion. We expected to find much trouble with the stomach so a test meal was taken with the following result: Total acidity 20, no free HCl, only 4 parts combined HCl. A few days subsequently a second test was made which corresponded almost exactly with the first. Neither the stomach contents nor the feces showed occult blood, and a diagnosis such as cancer or ulcer had to be abandoned. There was no dilatation of the stomach except secondarily. We next found a large tumor mass extending across the upper abdomen, descending freely on deep inspiration, rounded, smooth, only moderately tender. By percussion it was possible to make out that this mass was the lower border of the liver. The spleen was also enlarged and palpable. The man had decidedly enlarged liver and spleen, and urine examination showed that he had also a chronic nephritis. The problem then became to find what could be back of these various pathological findings. Clinically the man had hypertrophic cirrhosis and chronic nephritis; but his history was clear as regards any of the usual causes for cirrhosis as he had practically never used alcohol. He was a hard working man, leading a regular life and there was no trouble in the heart. Dr. Oliver found in this case also a very positive Wasserman reaction; and we came to the conclusion that the cirrhosis was luetic in character. The patient was then placed upon syphilitic treatment under which he has so very greatly improved that the gastric condition is no longer in evidence, the liver and spleen have reduced in size, he feels well, and the temperature has become normal. I brought this patient for presentation because the case is a little out of the ordinary. It is interesting because we are finding more and more evidence of visceral lues, where formerly we did not know how to determine such cases without the Wasserman reaction.

Examination of patient.

Discussion.—George H. Evans: I would like to ask Dr. Cheney in reference to the diagnosis of the case of pleural effusion, whether or not a guinea pig had been injected with the pleural fluid. I would also like to ask him, assuming that the patient was a tuberculosis-free individual, on what ground he would assume that the first dose of tuberculin would so sensitize the patient that a second dose for diagnostic purposes would be useless.

Wm. Fitch Cheney: With regard to the guinea pig injection, we did not get one because the first time the fluid was spilled before we could get it into the guinea pig, and the second time we tried we could not find any fluid. I did not mean to infer that one milligram of the tuberculin would interfere with subsequent subcutaneous reaction, only it might be sufficient to sensitize the conjunctiva or the skin. If following this milligram injected subcutaneously we had obtained an ophthalmic reaction or a Von Pirquet reaction, would we have had the right to assume that the man had a tuberculosis? That was the point about which we hesitated.

Presentation of a Medical Case.

By H. D'ARCY POWER, M. D., San Francisco.

This patient came into my service at the Polyclinic when I took charge in April and I present him to you because, like Dr. Cheney's case, it brings out some of the difficulties of diagnosis. The case in point is that of a young man who, at the end of '08, four months after the contraction of a chancre which was followed by secondaries, was suddenly seized by a paraplegia affecting both the arms and legs, together with the loss of speech, lasting three weeks, and a disability of speech which lasted three months or more. Upon his recovery of sufficient motion of the arms and feet to make use of them, the arms showed marked loss of co-ordination, he was unable to carry anything to his mouth without spilling it; as the power in the feet was recovered, the gait was markedly ataxic and spastic, and an ataxia rather of the cerebellar form. Things continued so for many months; there was gradual improvement, until he was admitted to the City and County Hospital and was there for some time before I saw him. He was the subject of a great deal of discussion as to the nature of his case. The fundus of the eye, examined at the end of '09, showed hyperemia but no other changes. At the time that I saw him the eyes showed nystagmatoid movements, he had cerebellar-ataxic and spastic gait, great increase of all deep reflexes, loss of superficial reflexes, including the abdominal, had very, very marked hesitation in his speech of the semi-scanning character; some little of that has remained until the present time. The eye in April showed no true nystagmus. He had lost in the beginning quite considerably in weight and had lost the power over his bladder and rectum for two or three months. The question arose as to what we were dealing with —some seemed to think it was a case of cerebrospinal syphilis; the onset of the symptoms within four months of the chancre was quite early, almost too early for the development of symptoms of this character, moreover the clinical picture was not that of cerebral lues. Hysteria was suggested but the presence of the Babinski reflex, and the history of bladder and rectal disturbance is exclusive; furthermore the cerebro-spinal fluid was examined, with a negative result; there was no lymphocytosis. Noguchi also negative. To me it seems that we are not dealing with a cerebrospinal syphilis but an early and atypical disseminated sclerosis. In its favor is the paraplegic onset, with rapid recovery of the arms, the condition of both deep and superficial reflexes, especially the loss of the abdominal, the typical gait, the history of intentional inco-ordination of the hands, the eye symptoms with the optic hyperemia, the nystagmatoid movements; in fact a diagnosis by exclusion narrows the issue to lues or disseminated sclerosis, with in my judgment the balance in favor of disseminated sclerosis.

Presentation of a Case of Multiple Sclerosis.

By LOUIS D. MEAD, M. D., San Francisco.

This patient is 64 years of age, was a laborer by occupation and a native of Norway. He knows nothing of his family history.

Past History: Had measles when 10 years of age, drank a great deal of brandy as a young man, denies venereal history, no history of acute infectious disease of any kind. In 1882 went to work in the Hawaiian Islands on a sugar plantation. The work was heavy and most of the time he was compelled to wade up to his knees in irrigation ditches. After a period of one year of such labor the present trouble began, i. e. at the age of 37.

Present illness: This commenced insidiously, with weakness in the lower limbs, unaccompanied by numbness or stiffness. His gait became unsteady on account of the gradually increasing weakness, was compelled to do lighter work. At the expiration of four years was compelled to leave the Islands and he sought relief at the City and County Hospital, where he remained for six months. At this time he complained of a certain amount of pain in the legs and across the lumbar region. He was able to walk with the aid of one cane. While in the hospital the trouble increased rapidly and he was compelled to use two canes, and later crutches. Tremor developed in both hands, which was intensified upon attempting to feed himself; no convulsions, but there